

Arizona Game and Fish Department
2221 West Greenway Rd.
Phoenix, AZ 85023



Arizona Scholastic Clay Target Program (SCTP)
Medical and Parent/Legal Guardian Consent and Release

PARTICIPANT'S NAME: _____ **BIRTH DATE:** ____/____/____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: (HOME) _____ **(WORK):** _____

Emergency Medical Information

Regular Medication Required: _____

Types of activities prohibited due to physical limitations: _____

List any chronic ailments: _____

Allergies (food, drug, insect, etc.): _____

Immunizations Dates (give month and year) _____

Mumps _____ Measles _____ Tetanus _____

Emergency Contact: _____
NAME

_____ (_____) _____
ADDRESS PHONE

I hereby give permission to any Arizona Game and Fish Certified Coach, Lead Instructor or employee to seek emergency medical attention in the event of accident or illness and release the Arizona Game and Fish Department from liability for accidents and/or illness. This certifies that my child has no chronic ailments, and is physically able to participate in all activities involved in the AZGFD event. I also give permission for an official AZGFD representative to seek emergency medical attention in the event of accident or illness.

Parent/Legal Guardian Signature (s)

Date